Title 19—DEPARTMENT OF HEALTH AND SNEIOR SERVICES Division 30- Division of Regulation and Licensure Chapter 40-Comprehensive Emergency Medical Services Systems Regulations PROPOSED REGULATIONS (May 5, 2010)

19 CSR 30-40.XXX Transport Protocol for Stroke and STEMI Patients

PURPOSE: This rule establishes protocols for transporting suspected STEMI patients by severity and time of onset to the STEMI center where resources exist to provide appropriate care, and suspected stroke patients by severity and time of onset to the stroke center where resources exist to provide appropriate care.

- (1) All licensed ambulances services, air ambulance services and emergency medical response agencies' shall use the state directed triage and transport protocol for suspected stroke patients unless using an alternative community-based or regional plan that has been approved by the department.
- (2) All licensed ambulances services, air ambulance services and emergency medical response agencies' shall use the state directed triage and transport protocol for suspected STEMI patients unless using an alternative community-based or regional plan that has been approved by the department.



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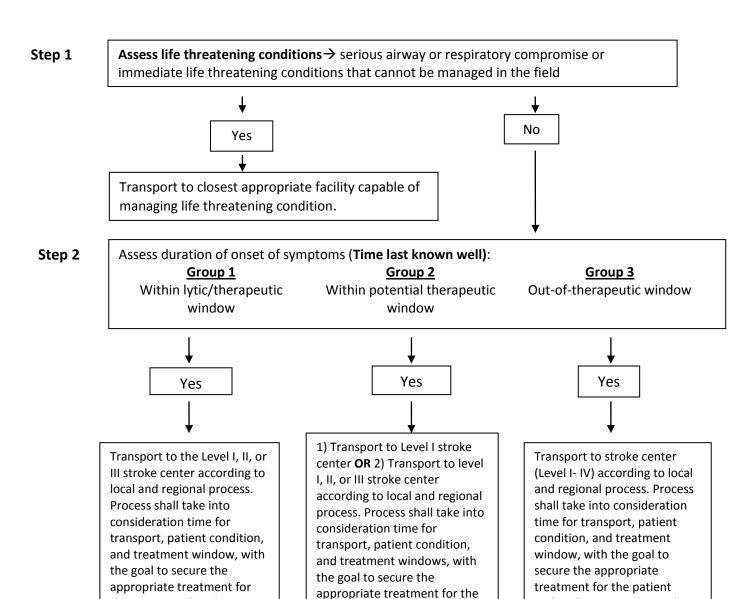
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STROKE FIELD TRIAGE AND TRANSPORT PROTOCOL



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address out-of-state transport

Process for bi-state regions

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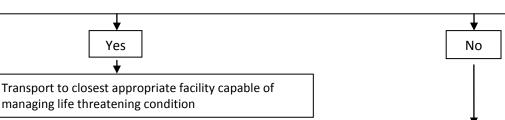
19 CSR 30-40 Department of Health and Senior Services Proposed Regulation-STEMI Patient Field and Transport Protocol May 5, 2010



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STEMI FIELD TRIAGE AND TRANSPORT PROTOCOL

Step 1

Assess life threatening conditions—serious airway or respiratory compromise or immediate life threatening condition that cannot be managed in the field



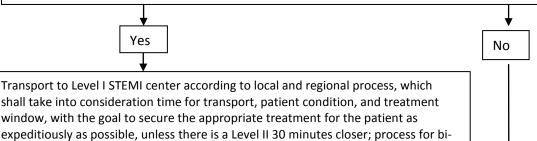
Step 2

Assess Vital Signs and ECG

- ECG (Equipment & ECG recommended) identifies ST elevation in two contiguous leads or new left bundle branch block AND
- Patient has two of the following three signs of cardiogenic shock
 - Hypotension, systolic blood pressure <90

state regions addresses out-of-state transport where appropriate. Consider air/ground transport. Transmit ST-elevation ECG information to hospital.

- Respiratory distress <10 or >29
- Tachycardia, heart rate > 100



Step 3

Assess transport time to PCI capable STEMI center from estimated time of symptom onset and time of STEMI identification. ECG identifies ST elevation in two contiguous leads or new left bundle branch block. (If no ST-elevation or new left bundle branch block, consider 15-lead ECG, if available and transmit as appropriate)

Group 1 Within PCI Window OR Chest Pain> 12 hours OR Thrombolytic ineligible

Group 2
Outside PCI Window
No other known complications



Transport to the Level I or II STEMI center according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate.

Transport to the STEMI center (Level I-IV) according to local and regional process. Process shall take into consideration time for transport, patient condition, and treatment window, with the goal to secure the appropriate treatment for the patient within the treatment window. Process for bi-state regions address out-of-state transport where appropriate. Consider lytic window and potential for lytic administration in transport decision.